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NEWHAVEN URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

Medical Officer of Health

for the

YEAR ENDED - 31st DECEMBER, 1964

NEWHAVEN URBAN DISTRICT COUNCIL
HEALTH AND HOUSING COMMITTEE
CONSTITUTION AT 31st DECEMBER, 1964

Chairman

Councillor V. Hedges

Vice Chairman

Councillor G. W. Fox

Councillors:-

H. T. Amy

R.F. Michaelis

P. J. Amy

A. J. H. Read

J. Angus

A. R. J. Tucker

A. G. Bengier

C. G. White

J. G. Williams

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

The Grange, Southover, Lewes.
Telephone No:- Lewes 4282

Public Health Inspector

W. P. Harrison, M.R.S.H.

Office Staff

Mrs. L. V. J. Harris (Appointed 12th October, 1964)

To the Chairman and Members of the Newhaven Public Health and Housing Committee

Mr. Chairman and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Newhaven for 1964.

The vital statistics of the area compare once again very favourably with those for England and Wales. The outstanding feature was the very high number of births during the year (171) and the correspondingly high corrected birth rate of 21.4 per 1,000 population compared with 18.4 per 1,000 for England and Wales.

Only 28 cases of infectious disease were notified during the year and of these 25 were measles. The Ministry of Health continue to retain measles as a notifiable disease and one can only hope that the present trials of a measles vaccine will prove successful and lead ultimately to a much decreased incidence of measles in the population with a corresponding decrease in the number of notifications. There were in addition 2 new cases of tuberculosis.

Although one clearance area containing 18 houses was declared during the year, no further Council house building was undertaken during the year. Until such time as the Council resume building, the prospect of making any substantial progress in the clearance of unfit houses in the town is very remote.

The development of the area for industrial purposes continues at an ever increasing rate. During the year three very large warehouses for the distributive trades were completed in addition to several small factories and extensions to existing premises. A number of similar industrial establishments are at present under construction. There are some 8,000 persons employed in the area and whilst many of these are employed in the port area by British Rail and other organisations, more than 2,300 are now working in local factories. This requires the bringing in of labour from outside the district and as the number continues to grow may call for the establishment of an industrial health service to serve this body of people.

The East Sussex County Council as the Local Health Authority have still not reached a decision on the fluoridation of water supplied in the County area. Meanwhile children's teeth are decaying at a faster rate than need be. I can only reiterate what I have said on previous occasions. All the evidence shows that the amount of dental decay in the population can be more than halved when fluoride is present to the concentration of one part per million (1 p.p.m.) in the water supply. The benefit is first apparent in children but after a number of years these children will enter adult life with sound teeth and so the state of the nation's teeth will steadily improve. No evidence that will stand up to investigation has been produced that fluoride occurring in water in the concentration of 1 p.p.m. has any harmful effects whatsoever. Millions of people in various parts of the world are drinking water that contains fluoride in a concentration of 1 p.p.m. or more without any harmful effects but with excellent teeth. The same results are found in areas where fluoride is artificially introduced into the water supply to raise the concentration of the naturally occurring fluoride to 1 p.p.m. The state of the nation's teeth is deplorable and it is sound preventive medicine to remedy this by artificially raising the level of fluoride to the level at which teeth can benefit.

In mid 1964 fluoride was being added to the water supplied to the whole or part of the areas of twelve of the one hundred and forty-eight Local Health Authorities in England and Wales. The withdrawal of the case that was to have been heard in the High Court should lead to a speeding up in the fluoridation of public water supplies.

With the Aberdeen typhoid outbreak still fresh in mind, I should like to comment once again on the need for eternal vigilance against the ingestion diseases; that is those diseases caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of excreta and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all too often leads to contamination with the resulting outbreaks particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygienically, this contamination would not occur but standards of food hygiene are sometimes deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygiene by refusing to tolerate any insanitary methods of food handling. They should complain loudly and continuously whenever cooked food stuffs are touched by hand, whenever they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet facilities do not exist. There is a tendency in this country to put up with existing conditions rather than to complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a certain amount - it is up to the public to raise their standards. They will get the standard of service they demand.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Harrison for his valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am Mr. Chairman and Gentlemen,
Your obedient Servant,

J. L. COTTON,

Medical Officer of Health

SECTION I

STATISTICS FOR THE AREA

(a) GENERAL STATISTICS

Area (acres)	1,772
Population (Registrar General's estimate for mid year 1964)	9,010
Population (1931 Census)	7,381
Population (1951 Census)	7,783
Population (1961 Census)	8,325
Net increase of population during the year	230
Number of occupied houses 1951	2,196
Number of occupied houses 1964	2,925
Rateable Value (1st April, 1965)	£412,726
Product of penny rate	£1,715

(b) VITAL STATISTICS

1. Births and Birth Rates

	<u>NEWHAVEN</u> <u>U.D.</u>	<u>ENGLAND</u> <u>& WALES</u>
Live Births	171	
Live birth rate per 1,000 population (crude)	19.0	18.4
✕ Corrected birth rate	21.4	
Illegitimate live births per cent of total live births	5.3	
Still-births	3	
Still-birth rate per 1,000 live and still births	17.2	16.3
Total live and still-births	174	
Live births		
Legitimate	Male 78 Female 84 Total 162	
Illegitimate	Male 7 Female 2 Total 9	
	85 86 171	

2. Deaths and Death Rates

Deaths	117	
Death rate per 1,000 population (crude)	13.0	
✕ Corrected death rate	10.5	11.3
Infant deaths (deaths under 1 year)	1	
Total infant deaths per 1,000 total live births)	5.8	20.0
Maternal mortality (including abortions)		
Number of deaths	0	226
Rate per 1,000 live and still births	0	0.25

✕ In order to compare death rates and birth rates in different parts of the country, the Registrar General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 1.13 to the crude birth rate of 19.0 the adjusted rate becomes 21.4 which is higher than the figure of 18.4 for England and Wales. Similarly a comparability factor of 0.81 applied to the crude death rate makes the adjusted rate of 10.5. This is lower than the rate for England and Wales at 11.3.

POPULATION

The population of Newhaven for the last ten years is given below:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth Rate</u>	<u>Adjusted Birth Rate</u>	<u>Death Rate</u>	<u>Adjusted Death Rate</u>
1955	7,980	118	123	14.79		15.41	
1956	7,960	135	94	16.96		11.81	
1957	8,030	99	105	12.33		13.07	
1958	8,020	121	107	15.09	15.54	13.34	11.47
1959	8,010	103	98	12.86	13.24	12.23	10.03
1960	8,160	136	103	16.66	17.16	12.62	10.22
1961	8,360	117	109	14.00	14.42	13.38	10.70
1962	8,520	145	134	17.00	17.5	15.7	13.4
1963	8,780	143	137	16.30	18.4	15.6	12.3
1964	9,010	171	117	19.00	21.4	13.0	10.5

The increase in population during 1964 was 230 and it seems likely that the population will continue to rise at a steady rate over the foreseeable future.

MATERNAL MORTALITY

No case of maternal mortality occurred in Newhaven during 1964. Only one maternal death has occurred in the area during the last twenty-eight years.

INFANTILE MORTALITY

One infant death occurred in 1964 in Newhaven.

BIRTH RATE

The corrected birth rate is considerably higher than that for England and Wales.

DEATH RATE

The corrected death rate of 10.5 per 1,000 population was lower than the national figure of 11.3.

Highest age at death was 97 years

Lowest age at death was 4 days

Average age at death was 71.1 years

MAIN CAUSES OF DEATH

		<u>% of deaths</u>
(1) Diseases of the heart and circulatory system	49	41.9
(Coronary Disease accounted for)	15	12.8
(2) Cancer (all sites)	15	12.8
(Cancer of the lung or bronchus accounted for)	1	0.8

NATIONAL ASSISTANCE ACT 1948

It was not necessary to take action under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves and are not receiving from other persons adequate care and attention.

Cause of Death	Sex	Total Under 4 weeks			Age in Years								
		All Ages	4 Weeks	& under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
Malignant Neoplasm	M	1	-	-	-	-	-	-	-	-	-	1	-
- Stomach	F	1	-	-	-	-	-	-	-	-	-	-	1
Malignant Neoplasm	M	1	-	-	-	-	-	-	-	-	1	-	-
- Lung, Bronchus	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm	F	1	-	-	-	-	-	-	-	-	-	-	1
- Uterus													
Other Malignant &	M	5	-	-	-	-	-	-	-	-	-	2	3
Lymphatic Neoplasms	F	5	-	-	-	-	-	-	-	1	2	-	2
Leukacmia,	M	-	-	-	-	-	-	-	-	-	-	-	-
Aloukacmia	F	1	-	-	-	-	-	-	-	-	1	-	-
Vascular Lesions	M	7	-	-	-	-	-	-	-	-	1	1	5
of Nervous System	F	18	-	-	-	-	-	-	-	-	3	6	9
Coronary Disease	M	11	-	-	-	-	-	-	2	2	-	3	4
- Angina	F	4	-	-	-	-	-	-	-	-	-	2	2
Hypertension with	M	1	-	-	-	-	-	-	-	-	-	1	-
Heart Disease	F	3	-	-	-	-	-	-	-	-	-	-	3
Other Heart	M	8	-	-	-	-	-	-	-	-	1	3	4
Disease	F	18	-	-	-	-	-	-	-	-	-	1	17
Other Circulatory	M	-	-	-	-	-	-	-	-	-	-	-	-
Disease	F	4	-	-	-	-	-	-	-	-	1	2	1
Pneumonia	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	4	-	-	-	-	-	1	-	-	-	-	3
Bronchitis	M	7	-	-	-	-	-	-	-	1	2	1	3
	F	1	-	-	-	-	-	-	-	-	-	-	1
Other Diseases of	M	1	-	-	-	-	-	-	-	-	1	-	-
Respiratory System	F	1	-	-	-	-	-	-	1	-	-	-	-
Hyperplasia of	M	1	-	-	-	-	-	-	-	-	-	-	1
Prostate													
Congenital	M	1	-	-	-	-	-	1	-	-	-	-	-
Malformations	F	1	1	-	-	-	-	-	-	-	-	-	-
Other Defined &	M	4	-	-	-	1	1	-	-	-	1	-	1
ill-defined diseases	F	-	-	-	-	-	-	-	-	-	-	-	-
Motor Vehicle	M	-	-	-	-	-	-	-	-	-	-	-	-
Accidents	F	1	-	-	-	-	-	-	-	-	-	1	-
All Other	M	4	-	-	-	1	-	-	-	-	2	-	1
Accidents	F	-	-	-	-	-	-	-	-	-	-	-	-
Suicide	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
TOTAL ALL CAUSES	M	53	-	-	-	2	1	1	2	3	9	12	23
	F	64	1	-	-	-	-	1	1	1	8	12	40

SECTION 11

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITY

During the period under review the Medical Officer of Health for Newhaven also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Seaford and the Rural District of Chailey.

One Public Health Inspector carried out duties in the Urban District of Newhaven.

2. LABORATORY FACILITIES

These are provided by the Public Health Laboratory, at the Royal Sussex County Hospital, Brighton.

3. AMBULANCE FACILITIES

The provision of the ambulance service is the responsibility of the East Sussex County Council.

The area served by the ambulance includes the districts of Newhaven, Peacehaven, Telscombe, Piddinghoe, Tarring Neville and South Highton. In the event of a further call or calls being received before the ambulance has returned from a previous journey, arrangements are in being for the call to be dealt with by other authorities in the area.

The East Sussex County Council provide facilities for the transport of tuberculosis patients.

4. HOSPITALS

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

5. NURSING IN THE HOME

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

6. CLINICS

The Minor Ailments Clinics have been held at the Schools as previously and immunisation clinics have also been held monthly in the town.

7. PROVISION FOR DEALING WITH THE NEEDS OF THE MENTALLY DISORDERED

Under the provisions of the Mental Health Act, 1959, the East Sussex County Council makes provision for dealing with the needs of the mentally disordered. The provision of care in psychiatric hospitals is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES OF THE AREA

1. WATER SUPPLY

The district has two sources of water supply. All supplies are from the mains, direct to houses.

(a) From the Mid-Sussex Water Company's well sunk into the chalk at Poverty Bottom.

Eleven samples of the water before treatment, and three samples of the treated water, were submitted for analysis by the Water Company during 1964. All proved to be of good quality. The supply is ample for all purposes.

(b) From the British Railways well at Denton. In addition to providing the main supply to the Harbour this also is supplied to four houses and the Railway and Harbour Hotels.

Fifty-seven samples before treatment and thirty-two samples of the treated water from this source were submitted for analysis by the Medical Department of British Railways. The supply is satisfactory in quality and ample in quantity.

2. HOUSING

No rehousing from Slum Clearance Areas took place during the year. No Council houses were completed or in course of construction in 1964.

Ninety-eight private houses were built during the year.

The Council at 31st December, 1964, owned 615 houses and flats.

3. SEWERAGE

All premises in the district are connected to the sewers with the following exceptions:-

Premises with Cesspools

West Pier	3
Court Farm Road	26
Harbour Heights	39
Denton & Mount Pleasant	7
Leves Road	10
New Road	2
Valley Road	8

Branch sewers in the Denton and Mount Pleasant area have been constructed and with the exception of seven premises, all drainage to cesspools has been discontinued and the premises connected to the sewers.

The reconstruction of the west side sewer was completed during the year and the treatment and outfall works came into operation.

4. SCAVENGING

Household refuse was collected from all premises in the area within fifty yards of a reasonably accessible road. Trade refuse was collected where necessary twice a week. All refuse was disposed of by controlled tipping on the Council tip on Denton Island. Arrangements have continued whereby private persons are, on the production of an authorization, allowed to place waste material or trade refuse on the tip. The bulk of both types of material continues to increase to an alarming degree and the remaining space on the tip is becoming filled. It is essential that an alternative area for tipping be secured as soon as possible. Steps were taken to acquire a suitable site.

BULKY REFUSE COLLECTION

In July the Council instituted a monthly collection of bulky household articles from each of four areas, whereby householders are able to dispose of furnishings, household equipment and other objects which are not normally removable by the normal refuse collection service. Such collection takes place on Saturdays and has been much appreciated.

Thought has been given to a general service at fortnightly intervals, as the removal helps to keep down the improper deposit of litter in unauthorized places.

5. HOUSING AND GENERAL INSPECTIONS

The following is a list of the number and nature of inspections carried out during the year by your Public Health Inspector.

Housing:

Inspections under the Public Health Acts	93
Reinspections under the Public Health Acts	54
Inspections under the Housing Acts	42
Reinspections under the Housing Acts	90
Inspection of Verminous Houses	4
Reinspection of Verminous Houses	16

Infectious Diseases:

No action was necessary.

General Sanitation:

Water Supply	7
Drainage	55
Stables and Piggeries	26
Fried Fish Shops	56
Factories and Workshops	110
Bakehouses	9
Public Conveniences	67
Refuse Accumulations	38
Refuse Disposal	16
Rats and Mice	83
Caravan Sites	120
Ditches and Ponds	52
Miscellaneous	75

Food and Food Shops:

Butchers	63
Fishmongers	43
Grocers	93
Ice Cream Premises	106
Restaurants and Cafes	91
Canteens	22
Licensed Premises	16
Food Hygiene Regulations	68

6. OFFICES SHOPS AND RAILWAY PREMISES ACT 1963:

The Act came into force on 1st May 1964. At the end of the year there were eighty-three applications for registration.

7. ERADICATION OF BED BUGS:

Number of Houses infested:

Council Houses	Nil
Other Houses	Nil

8. PREMISES CONTROLLED BY BYELAWS AND REGULATIONS:

(a) Clean Food Byelaws are in force, made under Section 15 of the Food and Drugs Act 1938.

(b) Slaughter of Animals. There are no slaughterhouses in the district. Fresh meat is obtained principally from slaughterhouses and markets in Brighton and Chailey. There are two licensed slaughtermen in the district.

(c) Milk Supply. Two dairies from which milk is supplied to the district retail received special attention.

(d) Other Foods. All premises where food is prepared for sale were inspected regularly. The requirements of the Food Hygiene Regulations and the Clean Food Byelaws were observed.

9. UNSOUND FOOD

The following foodstuffs were found to be unsound and were condemned and suitably disposed of:-

	Tons.	Cwts.	Qrts.	Lbs.	Ozs.
Meat (tinned various)	-	3	2	7	13
Meat (home killed various)	-	-	1	23	4
Fish (wet various)	-	17	1	16	0
Fruit (tinned various)	-	1	3	5	13
Vegetables (tinned)	-	-	-	17	10
Fats (suet, cooking fat etc.)	-	-	3	17	0
Bacon and Ham (green and smoked)	-	-	2	0	5
Assorted Foods	-	-	-	26	1
TOTAL	1	5	0	1	14

10. FACTORIES ACT 1961

In the Urban District of Newhaven there are seven factories in which Sections 1, 2, 3, 4 and 6 of the above Act are enforced, and 59 in which Section 7 only is enforced.

PART I OF THE ACT

1. Inspections for purposes of provision as to health (including inspections made by the Public Health Inspector).

PREMISES	NUMBER ON REGISTER	INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
(1) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by the Local Authority.	7	10	1	NIL
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	59	98	4	-
(3) Other premises in which Section 7 is enforced by L. A. (excluding outworkers premises).	3	2	0	-
TOTAL	69	110	5	-

2. Cases in which defects were found

PARTICULARS	FOUND	REMEDIED	REFERRED TO H. M. INSPECTOR	REFERRED BY H. M. INSPECTOR	NO.OF CASES IN WHICH PROSECU- TIONS WERE INSTITUTED
Want of cleanliness (S.1.)	3	3	-	1	NIL
Ineffective drainage of floors (S.6)	-	-	-	-	NIL
Sanitary Conveniences (S.7) Insufficient	-	-	-	-	NIL
Unsuitable or Defective	2	2	-	-	NIL
No separate for sexes	-	-	-	-	NIL
TOTALS	5	5	-	1	NIL

PART VIII OF THE ACT

Outworkers

Nature of work (1)	SECTION 133		SECTION 134			
	No. of out- workers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Pro- secu- tions
	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel Making	1	-	-	-	-	-

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

Twenty-eight cases of infectious disease were notified in Newhaven during 1964. The details were as follows:-

DISEASE	NUMBER OF CASES	ADMITTED TO HOSPITAL	DEATHS
Measles	25	-	-
Whooping Cough	2	-	-
Puerperal Pyrexia	1	-	-

The following figures relating to Vaccination and Immunisation were supplied by the East Sussex County Council: -

DIPHTHERIA IMMUNISATION

	CHILDREN BORN IN YEARS:-							TOTAL
	1964	1963	1962	1961	1960	1955 1959	1950 1954	
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA DURING 1964	85	74	5	4	1	1	-	170
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION DURING 1964	-	37	68	1	16	168	199	489

Since immunisation was first introduced there has been a persistant and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphthereria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.

WHOOPING COUGH IMMUNISATION

	YEAR OF BIRTH							TOTAL
	1964	1963	1962	1961	1960	1955 1959	1950 1954	
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (Singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1964	85	74	5	4	1	-	-	169

VACCINATION AGAINST SMALLPOX

The following persons were vaccinated or revaccinated against smallpox in 1964.

AGE AT DATE OF VACCINATION	0 - 3 months	3 - 6 months	6 - 9 months	9-12 months	1 year	2-4 years	5-14 years	15 or over	TOTAL
NUMBER VACCINATED	-	-	1	1	26	6	2	5	41
NUMBER REVACCINATED	-	-	-	-	-	1	6	40	47

During and since the recent outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against Smallpox. The salient features are as follows:-

A. Routine Primary Vaccination in Early Childhood

(1) Optimum Age - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of 2 years, preferably during the second year.

(2) Contra-indications -

- (a) exposure to infectious disease
- (b) Septic skin conditions
- (c) infantile exzema or any other allergic condition - these are absolute contra-indications to routine primary vaccination
- (d) hypogammaglobulinaemia
- (e) cortico-steroid treatment
- (f) failure to thrive

B. Routine Primary Vaccination at Later Ages

- (1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood. But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

- (2) Contra-indications. Consideration must be given to:-
- (a) septic skin conditions
 - (b) a history of, or the presence of, eczema
 - (c) hypogammoglobulinaemia
 - (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
 - (e) early pregnancy. On general principles it is desirable to avoid the use of live vaccine during the first trimester of pregnancy.

C. Vaccination in the presence of Smallpox

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or revaccination of all close contacts.

SECTION V

TUBERCULOSIS

In 1964 two new cases of pulmonary tuberculosis were notified amongst Newhaven residents. No new case of non-pulmonary tuberculosis was notified. Three cases of pulmonary tuberculosis were notified amongst people coming to live in the area. No deaths due to tuberculosis occurred in the district during 1964.

NEW CASES AND MORTALITY DURING 1964

AGE GROUPS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 - 4	-	-	-	-	-	-	-	-
5 - 14	1 t.i.	-	-	-	-	-	-	-
15 - 24	-	1 new	-	-	-	-	-	-
25 - 34	1 new 1 t.i.	-	-	-	-	-	-	-
35 - 44	1 t.i.	-	-	-	-	-	-	-
45 - 54	-	-	-	-	-	-	-	-
55 - 64	-	-	-	-	-	-	-	-
65 +	-	-	-	-	-	-	-	-
TOTALS	4	1	-	-	-	-	-	-

NUMBER OF CASES ON REGISTER AT 31st DECEMBER 1964

MALES		FEMALES		TOTAL
Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
55	3	41	7	106
Whereas at 31st December, 1963, the number of cases on the register was:-				
57	3	44	8	112

